

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25250

1. PLACE OF DEATH

1 County Adair Registration District No. 4
2 Township Primary Registration District No. 3001
7 City Kirkville (No. Ward)

File No.
Registered No. 123

2. FULL NAME

Effie Eickmeire
(a) Residence, No. 1007 Monroe St. 2 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A. Herman Eickmeire</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-3-1898</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>0</u>
	DAYS <u>3</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-1932

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1932 to Aug. 5, 1932
I last saw her alive on Aug. 5, 1932 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

lobar pneumonia

Date of onset

108 108
Other contributory causes of importance: (1)

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) R. R. Ellis, M. D.
(Address) Kirkville, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>Lee J. Dye</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	15. MAIDEN NAME <u>Elizabeth Raines</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT <u>Mrs. Lee J. Dye</u> (ADDRESS) <u>1007 Monroe, Kirkville</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park</u> DATE <u>8-8-1932</u>
	19. UNDERTAKER <u>Dee Riley</u> (ADDRESS) <u>Kirkville, Mo.</u>
	20. FILED <u>Aug. 18, 1932</u> <u>Mrs. C. H. Becker</u> Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 21 1932

